Photography/Videography Release

Engineering Summer Camps

Student’s Name (please print): ________________________________

I certify that I am the parent/guardian of the person named above and hereby consent that photographs or video recordings may be made of him/her, under the following conditions:

1. The photographs and/or video recordings shall be used for promotional or additional purposes that may be deemed proper in the interest of education knowledge or research.

2. The photos/recordings may be edited in any way that UTA considers appropriate and desirable.

3. I understand that these photos/recordings may be distributed and used for an undetermined length of time. Should I revoke this consent, UTA will not be held responsible for recordings that are outside of its control.

I have had an opportunity to consider this consent and agree that all my questions and concerns have been answered.

Name of Parent/Guardian (Print): ________________________________

Parent/Guardian Signature: ___________________________ Date: ______________________